

# **Manage Monthly Contributions Form**

### Important information about this form:

- Fill out this form to setup, remove, or change recurring monthly contributions to your Alabama ABLE account.
- You must have an open account to use this form. If you need to sign
  up, go online to <u>AlabamaABLE.gov</u> or use an **Enrollment Form** before
  completing this form.
- Make sure you use black ink. Type or print clearly in capital letters.

# Alabama ABLE account information

Name of the Beneficiary on the ABLE account (First and last)
 Beneficiary's Social Security or Taxpayer Identification Number
 Alabama ABLE account number

#### Need help?

Give us a call Monday – Friday from 8am – 7pm CT at 1-833-711-2253

Individuals with speech or hearing disabilities may dial **711** to access Telecommunications Relay Service (TRS) from a telephone or TTY.

#### Mail the form to:

Alabama ABLE P.O. Box 9894 Providence, RI 02940-8094

## **Overnight Mail:**

Alabama ABLE 4400 Computer Drive Westborough, MA 01581

## 2 Instructions

Which type of request are you making (Please select one)

- Stop <u>all</u> monthly contributions to this account (skip to **Step 5**)
- Change <u>all</u> monthly contributions to this account (complete **Steps 3, 4**, and **5**)
- ( ) Create a new monthly contribution to this account (complete **Steps 3, 4**, and **5**)

You can create, stop or change individual monthly contributions from your online account.





## **Manage Monthly Contributions Form**

each portfolio you select.	
Investment options	
Conservative Portfolio	\$ , Amount
Moderate Portfolio	\$ ,
Aggressive Portfolio	\$ , Amount
FDIC Savings Fund	\$ , Amount
	\$ , , Total contribution amour
If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month.	

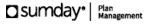
#### ABLE to Work contribution

Standard contribution

\$15,000 yearly standard contribution limit.

If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.\*\*

<sup>\*</sup> A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.





Bank account number

# **Manage Monthly Contributions Form**

Bank account information			
Attach a voided check or copy of your bank statement complete the bank information below. (Please do not s	•		nt number and
Which type of document are you including to verify t	his bank account?	Ovoided check	Bank accoun
Bank account type Checking Savi	ngs		
Name on bank account The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.			
Bank name	Need help?	hank information on	
Bank routing number	the bottom of one	bank information on of your checks here	

Number

Number

<sup>\*\*</sup> If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

# Alabama ABLE SAVINGS PLAN

## **Manage Monthly Contributions Form**



## Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly contributions to this account, or Replace all monthly contributions to this
  account:
  - I understand that all currently active monthly contributions to this account will be cancelled.
  - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 3 business days before I want it to become effective.
- If I selected Create a new monthly contribution to this account, or Replace all monthly contributions to this
  account:
  - I understand this authorizes the Plan to initiate recurring ACH debits (direct withdrawals) from my bank account up to two business days prior to the Contribution Day each month for the total contribution amount.\*
  - If I've indicated that these monthly contributions are ABLE to Work contributions, I certify that the
    Beneficiary is earning wages and the total ABLE to Work contributions for this year are less than or
    equal to the Beneficiary's gross income this calendar year (see Program Disclosure Booklet for current
    limits). I also certify that the Beneficiary (or the Beneficiary's employer) has not contributed to a defined
    contribution plan (e.g., 401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar
    year.

now consol these requiring ACII debits (direct with drownle) by using this form or by consolling them

Signature of Beneficiary or Authorized Legal Representative	Date (mm/dd/yyyy)
through my online account.	
Thiay cancer these recurring ACH debits (direct withdrawais) by	y using this form of by cancelling them

<sup>\*</sup> A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day. ted falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.